

AUG 9 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this
24945

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St Louis* (No. *2548 Warren*)

File No.
Registered No. **6381**
St. Ward)

2. FULL NAME

Augusta Hayes
(a) Residence, No. *2548 Warren* St., *20* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Alvis</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 16 1861</i>		
7. AGE	YEARS <i>73</i>	MONTHS <i>7</i>
	DAYS <i>8</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill</i>		
FATHER	13. NAME <i>Ben M. Co Pline</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill</i>	
MOTHER	15. MAIDEN NAME <i>Augusta Lutz</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill</i>	
17. INFORMANT (ADDRESS) <i>Mrs. H. Stehennose 2548 Warren</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>July 29, 1935</i>		
19. UNDERTAKER (ADDRESS) <i>C. J. Bledich 1416 Jefferson</i>		
20. FILED JUL 27 1935 <i>J. Bledich</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 25, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 6, 1935*, to *July 25, 1935*. I last saw her alive on *July 25, 1935*. Death is said to have occurred on the date stated above, at *11:45 p.m.*

The principal cause of death and related causes of importance were as follows:
Carcinoma of sigmoid colon
Hypertension
Pneumonia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify
(Signed) *William H. Grundmann*, M. D.
(Address) *2519 N. Jefferson*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

